

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 12/08/09		2 Serial/Patent # 10561323								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
	Filing		\$							
	Amendment		\$							
X	Extension of Time	none	\$ 555.00							
	Notice of Appeal/Appeal		\$							
	Petition		\$							
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
	Other		\$							
		7 TOTAL AMOUNT OF REFUND \$ 555.00								
		8 TO BE REFUNDED BY: Credit Card								
10 REASON:		Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table>				--				
		--								
X	No Fee Due (Explanation):									
Extension of time was submitted subsequent to the expiration of the maximum extendable period for response.										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: Paul Shanoski		TITLE: Senior Attorney								
SIGNATURE: /Paul Shanoski/		PHONE: 571-272-3225								
OFFICE: Office of Petitions										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED:		DATE: 11-08-09								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) JG-RP-5170PCT-US/ZR05.012	
Application Number 10/936,375		Filed 12/19/2005	
For Microbicidal, Prophylactic and Therapeutic Effect of CTC-96 on Papilloma Viruses			
Art Unit 1617		Examiner Paul E. Zarek	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 555.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>24,408</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
<u>/Jules E. Goldberg/</u>		<u>August 31, 2009</u>	
Signature		Date	
<u>Jules E. Goldberg</u>		Adjustment date: 12/09/2009 LDIEP1 0970172009 INTERSW 00003945 10561323 02 FC:2253 Telephone Number -555.00 0P	
Typed or printed name			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted. Refund Ref: _____

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit from the public which is conferred by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETION OF THIS FORM TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**